

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213535017</b>				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Milwaukee Casualty Insurance Co.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CORPORATION SERVICE COMPANY</b>  <b>BANK OF AMERICA CENTER 16TH FL</b>  <b>1111 E MAIN ST</b>   <b>RICHMOND, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>RICHMOND CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>WI</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>8/31/2013</b></p> <p>SCC ID NO: <b>F1871567</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,000,000
CLASS	AUTHORIZED					
COMMON	2,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 12790 MERIT DRIVE, STE 200</p> <p style="margin-left: 40px;">CITY/ST/ZIP: DALLAS, TX 75251</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFFREY P LEO  TITLE: PRESIDENT  ADDRESS: 12790 MERIT DR STE 200  CITY/ST/ZIP/CO: DALLAS, TX 75251 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFFREY P LEO TITLE: PRESIDENT ADDRESS: 12790 MERIT DR STE 200 CITY/ST/ZIP/CO: DALLAS, TX 75251	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEFFREY P LEO TITLE: PRESIDENT ADDRESS: 12790 MERIT DR STE 200 CITY/ST/ZIP/CO: DALLAS, TX 75251	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAUL BEIL  TITLE: Asst Vice Pres  ADDRESS: 400 S. EXECUTIVE DR  CITY/ST/ZIP/CO: BROOKFIELD, WI 53005 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAUL BEIL TITLE: Asst Vice Pres ADDRESS: 400 S. EXECUTIVE DR CITY/ST/ZIP/CO: BROOKFIELD, WI 53005	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PAUL BEIL TITLE: Asst Vice Pres ADDRESS: 400 S. EXECUTIVE DR CITY/ST/ZIP/CO: BROOKFIELD, WI 53005	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: STEPHEN W BRANDT  TITLE: VICE PRESIDENT  ADDRESS: 12790 MERIT DR STE 200  CITY/ST/ZIP/CO: DALLAS, TX 75251 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: STEPHEN W BRANDT TITLE: VICE PRESIDENT ADDRESS: 12790 MERIT DR STE 200 CITY/ST/ZIP/CO: DALLAS, TX 75251	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEPHEN W BRANDT TITLE: VICE PRESIDENT ADDRESS: 12790 MERIT DR STE 200 CITY/ST/ZIP/CO: DALLAS, TX 75251	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BARRY MOSES  TITLE: VICE PRESIDENT  ADDRESS: 800 SUPERIOR AVE, E, 21ST FL  CITY/ST/ZIP/CO: CLEVELAND, OH 44114 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BARRY MOSES TITLE: VICE PRESIDENT ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: BARRY MOSES TITLE: VICE PRESIDENT ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL SAXON  TITLE: VICE PRESIDENT  ADDRESS: 800 SUPERIOR AVE, E, 21ST FL  CITY/ST/ZIP/CO: CLEVELAND, OH 44114 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL SAXON TITLE: VICE PRESIDENT ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: MICHAEL SAXON TITLE: VICE PRESIDENT ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JEFF JOHNSON  TITLE: ASST TREASURER  ADDRESS: 800 SUPERIOR AVE, E, 21ST FL  CITY/ST/ZIP/CO: CLEVELAND, OH 44114 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEFF JOHNSON TITLE: ASST TREASURER ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JEFF JOHNSON TITLE: ASST TREASURER ADDRESS: 800 SUPERIOR AVE, E, 21ST FL CITY/ST/ZIP/CO: CLEVELAND, OH 44114	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	HARRY SCHLACHTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	59 MAIDEN LANE, 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	STEPHEN B UNGAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	59 MAIDEN LN 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	WILLIAM FISANICK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ACTUARY		
ADDRESS:	12790 MERIT DRIVE, STE 200		
CITY/ST/ZIP/CO:	DALLAS, TX 75251		
NAME:	DONALD DECARLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	59 MAIDEN LANE 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	STUART HOLLANDER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	59 MAIDEN LANE 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	BARRY ZYSKIND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	59 MAIDEN LANE 43RD FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	Janie Clark	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	800 Superior Ave, E, 21st FL		
CITY/ST/ZIP/CO:	Cleveland, OH 44114		
NAME:	Chaim Halberstam	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	59 Maiden Lane 43rd FL		
CITY/ST/ZIP/CO:	Cleveland, OH 10038		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BARRY MOSES	BARRY MOSES, VICE PRESIDENT	7/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			